Cover Page

SOMB Sexual History Disclosure Packet

SOMB Sexual History Disclosure Packet - Instructions

1. Complete pages 4 through 25 first. Complete the Table of Contents / Summary (page 3) after completing pages 4 through 25.
   - Write your name and date of birth at the top of every page.
   - Sign and date all pages when they are completed.
   - Do not leave any pages blank.
   - For any behaviors that do not apply, you must clearly indicate that by writing "N/A" on the page.
   - You may list approximate ages if exact ages are not known (do not leave any ages blank).
   - List all sexual contacts/behaviors up to and including the date you are completing the form.
   - Attempt to list all sexual contacts/behaviors in chronological order.
2. Complete **one** Sexual Contact Form (Attachment) for each identified person on pages 4 through 25.
   - Make additional copies of individual pages or the Sexual Contact Form (Attachment) as necessary.
   - Do not leave any item blank. Answer YES or NO to every item.
   - Code the bottom of each Sexual Contact Form, indicating on which of pages 4 through 25 the person is listed.
3. Complete the Part 1 Table of Contents / Summary Page (page 3) only after completing pages 4 through 25.
   - Provide all of the summary information requested for each item (from Worksheets A through V) on page 3.
   - Do not leave any item blank (including attached Sexual Contact Forms). All sexual contacts / behaviors should be totaled at the bottom of the Table of Contents / Summary page (page 3).
4. Complete Part 2 (page 26) regarding other sexual behaviors.
   - Attach a written summary description of your involvement in any of the behaviors listed on page 26 (other behaviors)
   - Additional pages should be hand-numbered as 26-X where X is the item number on page 26. For Example, page 26-1 would pertain to item 1 on page 26 (deviant fantasies), while page 26-22 would pertain to item 22 on page 26 (sexual infidelity).
5. If you need further assistance or have questions, contact your therapist, supervising officer, or other treatment group members as instructed.
6. Review your written disclosure with your treatment group and supervision / treatment team members, pursuant to the guidelines provided by your community supervision team and treatment group, prior to your polygraph examination date.
7. Provide your treatment provider and supervising officer with copies of your completed sexual history disclosure packet as requested.
8. Keep a copy of your sexual history disclosure packet for your own records.
9. Bring a copy of your sexual history disclosure packet to your polygraph examination - your examiner may not need to read it but you may want to refer to it (it is better to have it and not need it than to need it and not have it.)
10. Direct all technical questions about the polygraph test to the polygraph examiner. Soliciting information about the polygraph from friends, books or other media is unlikely to improve your test results and tends to be correlated with cynicism, resistance, unresolved test results and failure to progress in treatment.
11. Any attempt to falsify or alter your polygraph examination results may be regarded as a non-compliant and deliberate attempt to interfere with a process intended to assure and promote safety in the community and your progress in treatment. Such behavior may become the basis for sanctions in treatment and supervision.

Sexual History Part 1 – Sexual Contacts
Table of Contents and Summary

- **Instructions** ..... **page 2**
- **Contents / Summary** ..... **page 3**

		YES	NO	# persons	# times	last time	Page
A.	After age 18, sexual contact with anyone under age 15	YES	NO	_____	_____	_____	4
B.	Sexual contact with relatives or family members	YES	NO	_____	_____	_____	5
C.	Forced or violent sexual contact (prevent escape or resistance)	YES	NO	_____	_____	_____	6
D.	Sexual contact with helpless or incapacitated persons	YES	NO	_____	_____	_____	7
E.	Prior to age 18, sexual contact with anyone 4 or more years younger	YES	NO	_____	_____	_____	8
F.	After age 25, sexual contact with anyone age 15 or 16	YES	NO	_____	_____	_____	9
G.	Sexual contact with anyone under age 18 while in a position of trust	YES	NO	_____	_____	_____	10
H.	Coercive (non-violent) sexual contact	YES	NO	_____	_____	_____	11
I.	Frottage (sexual rubbing against unsuspecting persons)	YES	NO	_____	_____	_____	12
J.	History of computer solicitation (solicitation via any electronic devices)	YES	NO	_____	_____	_____	13
K.	Voyeurism (peeping)	YES	NO	_____	_____	_____	14
L.	Exhibitionism (public nudity)	YES	NO	_____	_____	_____	15
M.	Prostitution (soliciting or pandering)	YES	NO	_____	_____	_____	16
N.	Public masturbation (masturbation in public places)	YES	NO	_____	_____	_____	17
O.	Theft/use of others' undergarments/clothing/property for sexual behavior	YES	NO	_____	_____	_____	18
P.	History of stalking (for sexual or aggressive reasons)	YES	NO	_____	_____	_____	19
Q.	Child pornography (use / production / distribution)	YES	NO	_____	_____	_____	20
R.	Sexual contact with animals	YES	NO	_____	_____	_____	21
S.	Institutional sexual contact (out of home placement)	YES	NO	_____	_____	_____	22
T.	Obscene phone calls	YES	NO	_____	_____	_____	23
U.	Arson and sexually motivated fire-setting behaviors	YES	NO	_____	_____	_____	24
V.	Domestic violence	YES	NO	_____	_____	_____	25

- **Other Behaviors Checklist** **page25**
- **Sexual Contact Form (make additional copies as needed)** ..... **Attachment - page 26**

Summary

Your age at the time of your first identified offense _____

Number of adult victims as adult: male _____ + female _____ = total _____

Number of underage victims as an adult: male _____ + female _____ = total _____

Number of victims as a juvenile: male _____ + female _____ = total _____

Total: male _____ + female _____ = total _____

(The total number of identified victims should equal the total number of completed sexual contact forms)

Signature/Date:_____

Name:_____DOB:_____

A.

Sexual Contact with Anyone Under Age 15, <u>After You Turned Age 18</u>

Include all persons with whom you engaged in any form of rubbing or touching (including attempts) of a person's sexual organs (i.e., breasts/chest area, buttocks, vaginal area, penis), either over or under clothing, if it was for the purpose of sexual arousal, sexual gratification or stimulation, or "sexual curiosity," along with all persons whom you caused or allowed to rub or touch your private parts, either over or under clothing, for the purpose of sexual arousal, sexual gratification or stimulation or sexual curiosity. Also include persons with whom you engaged in any sexual petting (i.e. sexual hugging and kissing) behaviors.

Complete a separate Sexual Contact Form (Attachment) for each listed contact.

Person's Name or Identifier	Relationship To You	Person's Gender (F/M)	Person's Age(s) at Time	Your Age(s) at Time	Max # Sexual Contacts	First Sexual Contact (Month/Yr)	Last Sexual Contact (Month/Yr)	Type of Sexual Contact

Signature/Date:_____

Name:_____DOB:_____

B.

Sexual Contact with Relatives or Family Members

Include sexual contact (including attempts) with all person related by blood, marriage (excluding spouse or someone in a spousal role) or adoption (e.g., mother, father, sister, brother, aunt, uncle, grandparents, grandchildren, cousins, nieces, nephews, step-children, in-laws). Include all relatives with whom you engaged in any sex play games (e.g., mommy-daddy, house, doctor, show-me, spin-the-bottle, truth-or-dare, etc.) or sexuality education lessons.

Complete a separate Sexual Contact Form (Attachment) for each listed contact.

Person's Name or Identifier	Relationship To You	Person's Gender (F/M)	Person's Age(s) at Time	Your Age(s) at Time	Max # Sexual Contacts	First Sexual Contact (Month/Yr)	Last Sexual Contact (Month/Yr)	Type of Sexual Contact

Signature/Date:_____

Name:_____DOB:_____

C.

Forced (Violent) Sexual Contacts

Sexual contact (including attempts) with any person (including spouses or partners) whom you physically hit or struck, physically restrained using your body strength or any object, or threatened to harm through the use of weapons, including implied or improvised weapons, threatening gestures, or verbal threats of harm, including threats of harm towards the person's relatives or family members (including pets), in order to prevent the person from resisting or escaping.

Complete a separate Sexual Contact Form (Attachment) for each listed contact.

Person's Name or Identifier	Relationship To You	Person's Gender (F/M)	Person's Age(s) at Time	Your Age(s) at Time	Max # Forced Sexual Contacts	First Forced Sexual Contact (Month/Yr)	Last Forced Sexual Contact (Month/Yr)	Type of Force (Violence)

Signature/Date:_____

Name:_____DOB:_____

D.

Sexual Contact with Sleeping, Incapacitated, or Helpless Persons

Include all sexual contacts (including attempts) involving persons when they were (or appeared) asleep, severely intoxicated, drugged/sedated, unconscious, mentally or physically incapacitated. Also include sexual peeping or voyeuring against persons who were (or appeared to be) asleep or incapacitated.

Complete a separate Sexual Contact Form (Attachment) for each listed contact.

Person's Name or Identifier	Relationship To You	Person's Gender (F/M)	Person's Age(s) at Time	Your Age(s) at Time	Max # Opportunistic Sexual Contacts	First Opportunistic Sexual Contact (Month/Yr)	Last Opportunistic Sexual Contact (Month/Yr)	Describe Method of Access

Signature/Date:_____

Name:_____DOB:_____

E.

Sexual Contact with Anyone 4 or More Years Younger Than You, While You Were Under Age 18

Include all persons with whom you engaged in any form of rubbing or touching (including attempts) of a person's sexual organs (i.e., breasts/chest area, buttocks, vaginal area, penis), either over or under clothing, if it was for the purpose of sexual arousal, sexual gratification or stimulation, or sexual curiosity, along with all persons whom you caused or allowed to rub or touch your private parts, either over or under clothing, for the purpose of sexual arousal, sexual gratification or stimulation or sexual curiosity. Also include persons with whom you engaged in any sexual petting (i.e. sexual hugging and kissing) behaviors. Include all younger children with whom you engaged in any sex play games (e.g., mommy-daddy, house, doctor, show-me, spin-the-bottle, truth-or-dare, etc.) or sexuality education lessons.

Complete a separate Sexual Contact Form (Attachment) for each listed contact.

Person's Name or Identifier	Relationship To You	Person's Gender (F/M)	Person's Age(s) at Time	Your Age(s) at Time	Max # Sexual Contacts	First Sexual Contact (Month/Yr)	Last Sexual Contact (Month/Yr)	Type of Sexual Contact

Signature/Date:_____

Name:_____DOB:_____

F.

Sexual Contact with Anyone Age 15 or 16, <u>After You Turned Age 25</u>

Include all persons with whom you engaged in any form of rubbing or touching (including attempts) of a person's sexual organs (i.e., breasts/chest area, buttocks, vaginal area, penis), either over or under clothing, if it was for the purpose of sexual arousal, sexual gratification or stimulation, or sexual curiosity, along with all persons whom you caused or allowed to rub or touch your private parts, either over or under clothing, for the purpose of sexual arousal, sexual gratification or stimulation or sexual curiosity. Also include persons with whom you engaged in any sexual petting (i.e. sexual hugging and kissing) behaviors.

Complete a separate Sexual Contact Form (Attachment) for each listed contact.

Person's Name or Identifier	Relationship To You	Person's Gender (F/M)	Person's Age(s) at Time	Your Age(s) at Time	Max # Sexual Contacts	First Sexual Contact (Month/Yr)	Last Sexual Contact (Month/Yr)	Type of Sexual Contact

Signature/Date:_____

Name:_____DOB:_____

G.

Sexual Contact with Anyone Under Age 18, With Whom You Had Any Type of Position of Trust (i.e. babysitter, teacher, coach, older relative, foster parent, etc.)

Include all persons with whom you engaged in any form of rubbing or touching (including attempts) of a person's sexual organs (i.e., breasts/chest area, buttocks, vaginal area, penis), either over or under clothing, if it was for the purpose of sexual arousal, sexual gratification or stimulation, or sexual curiosity, along with all persons whom you caused or allowed to rub or touch your private parts, either over or under clothing, for the purpose of sexual arousal, sexual gratification or stimulation or sexual curiosity. Also include persons with whom you engaged in any sexual petting (i.e. sexual hugging and kissing) behaviors.

Complete a separate Sexual Contact Form (Attachment) for each listed contact.

Person's Name or Identifier	Relationship To You	Person's Gender (F/M)	Person's Age(s) at Time	Your Age(s) at Time	Max # Sexual Contacts	First Sexual Contact (Month/Yr)	Last Sexual Contact (Month/Yr)	Type of Sexual Contact

Signature/Date:_____

Name:_____DOB:_____

H.

Coerced (non-violent) Sexual Contacts

Sexual contact (including attempts) with any person (including spouses or partners) whose compliance you obtained through any non-violent form of coercion (i.e, bribery, manipulation, money, drugs, friendship), despite the person's expressed or implied reluctance.

Complete a separate Sexual Contact Form (Attachment) for each listed contact.

Person's Name or Identifier	Relationship To You	Person's Gender (F/M)	Person's Age(s) at Time	Your Age(s) at Time	Max # Coerced Sexual Contacts	First Coerced Sexual Contact (Month/Yr)	Last Coerced Sexual Contact (Month/Yr)	Type of Coercion (non-violence)

Signature/Date:_____

Name:_____DOB:_____

I.

Frottage or Opportunistic Sexual Rubbing, Bumping or Touching Against Strangers or Unsuspecting (non-incapacitated) Persons

Include sexual touching (including attempts) of others' private parts during any play, horseplay, wrestling or athletic activities, or unsuspecting persons in public places (e.g., school, work, stores, gym, crowds, etc.)

Complete a separate Sexual Contact Form (Attachment) for each listed contact.

Person's Name or Identifier	Relationship To You	Person's Gender (F/M)	Person's Age(s) at Time	Your Age(s) at Time	Max # Opportunistic Sexual Contacts	First Opportunistic Sexual Contact (Month/Yr)	Last Opportunistic Sexual Contact (Month/Yr)	Describe Method of Access

Signature/Date:_____

Name:_____DOB:_____

J.

Solicitation via Computer or Electronic Devices

Include all sexual contacts/interactions and attempted sexual contacts/interactions via computer or electronic devices, including e-mails, chat rooms, cyber-sex, live web-cams, electronic bulletin board systems, Internet Relay Chat, DCC chat channels, private bulletin boards, other user groups. List ages or approximate ages at time of contact. Include law enforcement agents who posed as person willing to engage in any of the above sexual contacts, even though the actual contact may have been prevented.

I. Describe how you attempted to seek sexual contacts/interactions on the computer or electronic devices (including frequency & time frames):

_____

_____

_____

_____

_____

_____

_____

II. List persons with whom you had in-person or face-to-face contact as a result of meeting through a computer, electronic device or similar means.

Complete a separate Sexual Contact Form (Attachment) for each listed contact.

Person's Name or Identifier	Gender (F/M)	Age(s) at Time	Your Age(s) at Time	Where did you meet or attempt to meet	Number of Face to Face Contacts	Number of Sexual Contacts	Type of Sexual Contact

Signature/Date:_____

Name:_____DOB:_____

K.

Voyeurism or Sexual Peeping

Include all sexual behaviors (including attempts) involving peeping or voyeurism, including all attempts to look into someone's home, bedroom or bathroom without the person's knowledge or permission, in attempt to view someone naked, undressing/dressing, or engaging in sexual acts. Include all voyeurism attempts involving using or creating a hole opening to view others for sexual arousal, including all attempts to use any optical devices (i.e., cameras, mirrors, binoculars, or telescope) to view others for sexual purposes.

Complete a separate Sexual Contact Form (Attachment) for each listed contact.

Person Name or Identifier	Relationship To You	Person SEX (F/M)	Person's Age(s) at Time	Your Age(s) at Time	Max # Incidents	First Incident (Month/Yr)	Last Incident (Month/Yr)	Brief Description (where, method, devices used, etc.)

Signature/Date:_____

Name:_____DOB:_____

L.

Exhibitionism or Indecent Exposure

Include all incidents in which you accidentally or intentionally exposed (including attempts) your bare private parts to unsuspecting persons in public places. Include incidents when you wore loose or baggy clothing that allowed your sexual organs to become exposed to others. Also include mooning, streaking or flashing behavior, and public urination while in view of others.

Complete a separate Sexual Contact Form (Attachment) for each listed contact.

Person's Name or Identifier	Relationship To You	Person's Gender (F/M)	Person's Age(s) at Time	Your Age(s) at Time	Max # Incidents	First Incident (Month/Yr)	Last Incident (Month/Yr)	Brief Description (where, how, etc)

Signature/Date:_____

Name:_____DOB:_____

M.

Prostitution

Include all sexual contacts (including attempts) in which you paid for sex, or when you performed sexual acts for money, property or favors.

Complete a separate Sexual Contact Form (Attachment) for each listed contact.

Person Name or Identifier	Location	Person SEX (F/M)	Person Age(s) at Time	Your Age(s) at Time	Max # Sexual Contacts	First Sexual Contact (Month/Yr)	Last Sexual Contact (Month/Yr)	Brief Description (form of payment, your role in transaction, etc.)

Signature/Date:_____

Name:_____DOB:_____

N.

Public Masturbation

List all incidents of masturbation (including attempts) in public places (i.e., outside your residence, bedroom, or bathroom) in which you could view others or could possibly be observed by others while masturbating, including public restrooms, workplace/school settings, vehicles, and others' homes.

Complete a separate Sexual Contact Form (Attachment) for each listed contact.

Location of Property (City/State)	Owner of Property	Relationship To You	Date/s of Incident (Month/Yr)	Your Age(s) at Time	Number of Masturbation Incidents at Location	Brief Description (method, objects/property used, length of time remained at scene, leaving semen or ejaculate for others to contact, etc.)

Signature/Date:_____

Name:_____DOB:_____

O.

Use or Theft of Underwear, Undergarments, or Personal Property for Masturbation or Sexual Arousal

Include taking or keeping undergarments (including other trophies or personal property) from sexual partners, relatives, friends, or strangers for masturbation or sexual arousal. Include all incidents in which you tried on or wore another person's underwear or undergarments without their knowledge or permission. Also include all incidents in which you returned someone's underwear or undergarments after using them for masturbation or sexual arousal.

Complete a separate Sexual Contact Form (Attachment) for each listed contact.

Name or Identifier of Property Owner	Relationship To You	Person's Age(s) & SEX	Description of Property	Your Age(s) at Time	Max # Incidents	First Incident (Month/Yr)	Last Incident (Month/Yr)	Brief Description (how & where property obtained, how property used, frequency of use, current location of property)

Signature/Date:_____

Name:_____DOB:_____

P.

Stalking Behaviors

Include all behaviors involving following someone without their awareness or permission, for either sexual or aggressive purposes. Include all incidents of following someone to their home, workplace or vehicle, or following others around a store, aisle, parking lot, campus, or community. Include all other efforts to monitor or observe another person's behavior without their knowledge.

Complete a separate Sexual Contact Form (Attachment) for each listed contact.

Person's Name or Identifier	Relationship To You	Person's SEX (F/M)	Person's Age(s) at Time	Your Age(s) at Time	Max # Incidents	First Incident (Month/Yr)	Last Incident (Month/Yr)	Brief Description (where, method, devices used, type of contact made, etc.)

Signature/Date:_____

Name:_____DOB:_____

Q.

Child Pornography

Include all activities related to viewing, possessing, using, producing, or distributing of nude or sexualized images of minors (persons under age 18).

Complete a separate Sexual Contact Form (Attachment) for each listed contact.

Person's Name or Identifier	Relationship To You	Person's Gender (F/M)	Person's Age(s) at Time	My Age(s) at Time	Max # Incidents	First Incident (Month/Yr)	Last Incident (Month/Yr)	Description of Material (where, what, how, your participation, type, etc.) and How These Materials Were Used (masturbation, traded/exchanged, sold, shown to others, transferred via computer or electronic device, etc.)

Signature/Date:_____

Name:_____DOB:_____

R.

Sexual Contact with Animals

Include all sexual behaviors (including attempts) involving domesticated, farm/ranch, or wild animals, whether living or deceased, and whether whole or dismembered. Include all sexual contact with pets, whether your own or belonging to others.

Complete a separate Sexual Contact Form (Attachment) for each listed contact.

Type of Animal	Owner of Animal	Your Age(s) at Time	Max # Contacts	First Sexual Contact (Month/Yr)	Last Sexual Contact (Month/Yr)	Brief Description (type of sexual act, where, method, devices used, etc.)

Signature/Date:_____

Name:_____DOB:_____

S.

Institutional Sexual Contact

Include all sexual contact (including attempts) with persons in institutions including jail, prison, detention facilities, group or foster homes, treatment centers, medical or psychiatric hospitals, nursing homes, or any out of home placement.

Complete a separate Sexual Contact Form (Attachment) for each listed contact.

Person's Name or Identifier	Relationship To You	Person's Gender (F/M)	Person's Age(s) at Time	Your Age(s) at Time	Max # Sexual Contacts	First Sexual Contact (Month/Yr)	Last Sexual Contact (Month/Yr)	Type of Sexual Contact

Signature/Date:_____

Name:_____DOB:_____

T.

History of Obscene Phone Calls

Include your age, or approximate age, and a description of your behaviors at the time.

Complete a separate Sexual Contact Form (Attachment) for each listed contact.

Person's Name or Identifier	Relationship To You	Person's Gender (F/M)	Person's Age(s) at Time	Your Age(s) at Time	Max # Obscene Phone Calls	First Obscene Phone Call (Month/Yr)	Last Obscene Phone Call (Month/Yr)	Description (words used, threats made, masturbation, etc.)

Signature/Date:_____

Name:_____DOB:_____

U.

Arson or Fire-setting Behaviors

Include all behaviors involving fire-setting for destructive or sexual purposes.

Complete a separate Sexual Contact Form (Attachment) for each listed contact.

Description of Property Burned (Occupied or Unoccupied?)	Owner of Property	Relationship To You	Location of Property (City/State)	My Age(s) at Time	Date of Fire-setting Incident (Month/Yr)	Brief Description (method, devices used, length of time remained at scene, sexual arousal and/or masturbation, etc.)

Signature/Date:_____

Name:_____DOB:_____

V.

Domestic Violence

Include all behaviors involving hitting, striking, slapping, pushing, throwing things, or breaking things out of anger or frustration, toward intimate partners, family members, or member of your household. Also include threats of harm or intimidation through the use of words, weapons, or gestures.

Complete a separate Sexual Contact Form (Attachment) for each listed contact.

Person's Name or Identifier	Relationship To You	Person's Gender (F/M)	Person's Age(s) at Time	Your Age(s) at Time	Max # Incidents	First Incident (Month/Yr)	Last Incidents (Month/Yr)	Description (words used, threats made, physical items used, property damage, etc.)

Signature/Date:_____

Name:_____DOB:_____

Sexual History Part 2 – Other Behaviors

Answer each item. Attach separate page(s) to describe all 'YES' responses.

				Frequency (or total #)	Last Time
1.	Experienced deviant fantasies	YES	NO	_____	_____
2.	Masturbated to deviant fantasies	YES	NO	_____	_____
3.	Cruising behaviors	YES	NO	_____	_____
4.	Made photos/videos of self or others for sexual purposes	YES	NO	_____	_____
5.	Abused animals	YES	NO	_____	_____
6.	Arousal to offending memories	YES	NO	_____	_____
7.	Abuse or assault of a spouse or partner	YES	NO	_____	_____
8.	Participation in cults or hate groups	YES	NO	_____	_____
9.	Alcohol usage	YES	NO	_____	_____
10.	Illegal drug usage	YES	NO	_____	_____
11.	Provided alcohol/drugs to minors	YES	NO	_____	_____
12.	Contact with victim/s after restriction	YES	NO	_____	_____
13.	Violated treatment/supervision rules	YES	NO	_____	_____
14.	Necrophilia (sexual contact with dead animals or people)	YES	NO	_____	_____
15.	Self-mutilation (cutting or other self-abuse behavior)	YES	NO	_____	_____
16.	Use of feces for sexual purposes	YES	NO	_____	_____
17.	Use of urine for sexual purposes	YES	NO	_____	_____
18.	Use of inanimate objects for sexual arousal or masturbation	YES	NO	_____	_____
19.	Nudity in public places	YES	NO	_____	_____
20.	Sexual contact in public places	YES	NO	_____	_____
21.	Consensual sexual contacts (non-abusive and not unlawful)	YES	NO	_____	_____
22.	Sexual infidelity	YES	NO	_____	_____
23.	Anonymous or casual sexual contacts (persons known less than 24 hours)	YES	NO	_____	_____
24.	Sexual contact with same-sex partners (as a juvenile and adult)	YES	NO	_____	_____
25.	Group sex activities	YES	NO	_____	_____
26.	Consensual bondage activities	YES	NO	_____	_____
27.	Sexual sadism (arousal to another's pain or humiliation)	YES	NO	_____	_____
28.	Sexual masochism (arousal to your own pain or humiliation)	YES	NO	_____	_____
29.	Anal sex activities	YES	NO	_____	_____
30.	Sexual victimization	YES	NO	_____	_____
31.	Pornography use	YES	NO	_____	_____
32.	Violent pornography	YES	NO	_____	_____
33.	Pornography production / distribution (made nude image/s of self or others)	YES	NO	_____	_____
34.	Masturbating to non-pornographic sexually stimulating images	YES	NO	_____	_____
35.	Computer sex behaviors (cyber sex / sex-chat via computer or electronic device)	YES	NO	_____	_____
36.	Use of inanimate (non-human) objects for sexual arousal or behavior	YES	NO	_____	_____
37.	Telephone sex behaviors (phone sex lines, obscene phone calls)	YES	NO	_____	_____
38.	Used a personal or dating service (telephone, computer or electronic device)	YES	NO	_____	_____
39.	Visited or frequented topless bars / strip clubs	YES	NO	_____	_____
40.	Visited or frequented adult bookstores or novelty shops	YES	NO	_____	_____
41.	Visited or frequented erotic massage parlors (used erotic massage services)	YES	NO	_____	_____
42.	Transexualism (wanting to be a member of the opposite sex)	YES	NO	_____	_____
43.	Transvestitism (dressing as a member of the opposite sex)	YES	NO	_____	_____

Signature/Date:_____

Your Name:_____DOB:_____

Sexual Contact Form

Complete one form for each separate person identified in Part 1 (worksheets A through V)

Person's Name/Identifier: _____Relationship: _____
Gender: Female / Male Person's Age(s) at Time of Contact: _____Your Age(s) at Time of Contact: _____

TYPE OF CONTACT / BEVAVIOR: **(Circle words that apply)**	**CIRCLE**	**MOST POSSIBLE TIMES**
1. Rubbed / touched person's breasts/chest area over clothing	YES NO	
1. Rubbed / touched person's bare breasts/chest area	YES NO	
2. Rubbed / touched person's vagina / penis area over clothing	YES NO	
4. Rubbed / touched person's bare vagina / penis	YES NO	
5. Rubbed penis / vagina against person's clothed vagina / penis / breasts / buttocks	YES NO	
1. Rubbed penis / vagina against person's bare vagina / penis / breasts / buttocks	YES NO	
7. Put tongue in person's mouth (i.e., French kissing)	YES NO	
8. Placed mouth / tongue on person's clothed vagina / penis	YES NO	
9. Placed mouth / tongue on person's bare vagina / penis area	YES NO	
10. Put mouth / tongue on person's anus, even slightly	YES NO	
11. Put finger inside person's vagina, even slightly	YES NO	
12. Put finger inside person's anus, even slightly	YES NO	
13. Put penis inside person's vagina, even slightly	YES NO	
14. Put penis against / inside persons' anus, even slightly	YES NO	
15. Put object inside person's vagina / anus (ointment, vibrator, stick, other)	YES NO	
16. Masturbated in presence of person	YES NO	
17. Ejaculated in presence of person	YES NO	
18. Masturbated using person's clothing / photos / property	YES NO	
19. Ejaculated in or on person's anus / vagina / body / mouth	YES NO	
20. Made / possessed nude or partially nude photos / videos of person	YES NO	
21. Provided drugs / alcohol to person	YES NO	
22. Person rubbed my penis / vagina over clothing	YES NO	
23. Person touched / rubbed my bare penis / vagina	YES NO	
24. Person placed mouth / tongue on my bare penis / vagina	YES NO	
25. Person placed penis against / in my anus / vagina	YES NO	
26. Person put finger in my anus / vagina, even slightly	YES NO	

List other sexual behavior(s) with this person (not included above): _____

First contact?_____ Last contact?_____ Total sexual contacts? _____ Frequency? _____

Where did these contacts occur? _____

How did you gain this person's compliance? _____

Describe any use of physical force (restraint, strike) against person._____

Describe any threats to harm this person, or family (weapons, gestures, statements)._____

Describe any type of physical pain you caused this person. _____

Did you cause this person to be sexual with others? If so, whom?_____

Who else was present at the time of these contacts?_____

Do you consider this person a victim? YES NO

Worksheet Coding (circle which Part 1 pages apply) A B C D E F G H I J K L M N O P Q R S T U V

Signature/Date:_____